

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date:: Herewith

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: SPRAY DRY COACERVATION SYSTEMS  
AND METHODS

Attorney Docket Number:: 020714-001910US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 5

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Eric  
Middle Name:: Y.  
Family Name:: Sheu  
Name Suffix::  
City of Residence:: Lafayette  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 7 Olde Creek Place  
City of Mailing Address:: Lafayette  
State or Province of mailing address:: CA  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 94549

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Yadong  
Middle Name::  
Family Name:: Liu  
Name Suffix::  
City of Residence:: Fremont  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 43555 Grimmer Blvd., Apt. C323  
City of Mailing Address:: Fremont  
State or Province of mailing address:: CA  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 94549

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Edmund  
Middle Name:: J.  
Family Name:: Niedzinski  
Name Suffix::  
City of Residence:: Vacaville  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 483 Aberdeen Way  
City of Mailing Address:: Vacaville  
State or Province of mailing address:: CA  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 95687

#### **Correspondence Information**

Correspondence Customer Number:: 20350

#### **Representative Information**

Representative Customer Number:: 20350

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/460,267	04/04/03

#### **Foreign Priority Information**

Country::	Application number::	Filing Date::
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### **Assignee Information**

Assignee Name:: Genteric, Inc.  
Street of mailing address:: 1650 Harbor Bay Parkway  
City of mailing address:: Alameda  
State or Province of mailing address:: CA  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 94502